

Dkt. 1769/41426-GC/JPW/CY

Applicants : Ron S. Israeli, et al.

Serial No. : 10/614,625

Filed : July 2, 2003

For : METHODS FOR GENERATING TOLEROGENIC ANTIGEN PRESENTING CELLS

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

April 2, 2004

S I R:

Transmitted herewith is an amendment to the above identified application.

Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

No additional fee is required.

The filing fee is calculated as follows:

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE			
							SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY		
Total Claims	14	-	20	=	0	X	\$9	\$18	=	\$0		\$0
Indepen- -dent Claims	3	-	3	=	0	X	\$43	\$86	=	\$0		\$0
Multiple Dependent Claim(s) Presented <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No For First Time							\$145	\$290	=	\$145		\$0
							TOTAL ADDITIONAL FEE		\$145.00			

\*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

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\*\*\*If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

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Amendment Transmittal Letter

Page Two

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment of the number of claims as originally filed

\_\_\_\_ Please charge Deposit Account No. 03-3125 in the amount of \$\_\_\_\_. Three copies of this sheet is enclosed.

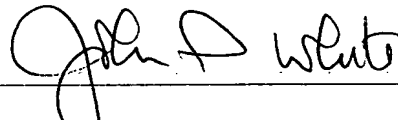
X A check in the amount of \$ 145.00 is enclosed.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposition Account No. 03-3125. Three copies of this sheet are enclosed.

X Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 C.F.R. §1.17.

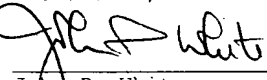
Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. postal Service with sufficient postage as first class mail in an envelope addressed to:

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Form PTO-1449

U.S. Department of Commerce  
Patent and Trademark OfficeAtty. Docket No.  
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10/614,625INFORMATION DISCLOSURE STATEMENT  
(Use several sheets if necessary)Applicants  
Ron S. Israeli, et al.Filing Date  
April 2, 2004Group  
Not Yet Known

## U.S. PATENT DOCUMENTS

Examiner Initial		Document Number							Date	Name	Class	Subclass	Filing Date if Appropriate
	2003	0	0	6	4	9	1	2	4/3/03	Slusher, et al.			

## FOREIGN PATENT DOCUMENTS

		Document Number							Date	Country	Class	Subclass	Translation	
													Yes	No

## OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, Etc.)


EXAMINER

DATE CONSIDERED

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609: Draw line through citation if not in conformance and not considered. Include copy of this from with next communication to applicant.